



North Monterey County Middle School

Athletic Emergency Card

Name _____
(Last) (First) (Middle)

Address _____
Number Street City Zip Code

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

Emergency Contact _____ Contact Phone # _____

Family Doctor _____ Phone _____

Insurance Company _____ Policy Number _____

Allergies or medications _____

Important Medical Information _____

Last Vaccination Shots _____

Authorization to treat a minor _____

(Parent or guardian Signature)

Authorization To Treat A Minor

We, understand, as parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical diagnosis rendered under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act or an accredited General Hospital holding a current license to operate, in any hospital from the state of California.

It is understood that this permission is given in advance of any specific diagnosis, treatment, or care being required but is to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment. It is understood effort shall be made to contact the undersigned prior to rendering treatment to the parties that any of the above treatment will not be held if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

List any restrictions _____

Date _____ Signature of parent/guardian _____

Health Statement

I HEREBY CERTIFY THAT THE ABOVE STUDENT IS PHYSICALLY FIT TO ENGAGE IN SPORTS

Physician signature

State License #

Health Statement and Parent Consent

North Monterey County Middle School

Doctor will complete:

I hereby certify that _____ is physically fit to engage in sports.

Physician Signature _____

If the student has any injury or physical condition that coaches should be aware of please list below.

Parent Section

All athletes must have health insurance to participate in after school sports. If the student does not have insurance it can be purchased through the school. The applications are contained in the packet of information sent home on the first day of school or see the Athletic Director for an application.

Insurance Carrier _____

Policy # _____

North Monterey County Middle School

Voluntary Participation Form

Acknowledgement and assumption of potential risk

I authorize my son/daughter _____ to participate in the school sponsored activity _____.

This participation form is used for the following extra-curricular activities: (Underline the intended sport or sports.)

Soccer Volleyball Basketball Wrestling Cross Country Track & Field

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury to individuals who participate in such activities.

I understand and acknowledge that some injuries which may result from participating in these activities include, but are not limited to the following:

Sprains/strains	head and back injuries	fractured bones
Paralysis	cuts/abrasions	loss of eyesight
Unconsciousness	death	

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the school for course credit or for the completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risk which may be associated with participation in such activities.

I understand and acknowledge that my son/daughter **must** physical before participating in any sport, including try-outs.

I understand, acknowledge, and agree that the North Monterey County Unified School District, its employees, officers, agents, or volunteers shall not be liable for any injuries suffered by my son/daughter which is incident to and associated with preparing for and participating in this activity.

I understand and acknowledge that I have carefully read the VOLUNTARY ACTIVITIES PARTICIPATION FORM and I agree to its terms.

Parent/legal guardian

Date

Student

Date

North Monterey County Middle School Athletic

Code of Ethics

I understand that I have the responsibility as a player on a school team and as a student at NMCMS. I promise to conduct myself in accordance with the Athletic Code of Ethics.

1. I will treat teammates and opposing team members, coaches, officials, parents and administrators with respect.
2. I will learn and abide by the rules of my sport.
3. I will maintain sportsmanship like behavior and conduct both on and off the court commensurate with school rules.
4. I understand that expected school behavior and consequences for infractions apply to any school functions.
5. I will act as a positive representative of our school.
6. I must attend school the day of an athletic event.
7. I will maintain a 2.0 GPA

By signing this contract, I acknowledge that I have read the Athletic Code of Ethics and understand that I will do my best to fulfill my promises herein.

The sport I am involved in is _____

Student Signature _____

Grade _____ Date _____